Correspondence

Medical Practice Guidelines

TO THE EDITOR: The article on medical practice guidelines by Walker and colleagues was interesting and unbiased.[1] We agree that the adverse consequences of practice guidelines have not been fully assessed. We would like to comment on the negative effects of such guidelines.

Practice guidelines cannot keep up with the pace of clinical research. Most guidelines still rely heavily on expert opinion rather than on evidence. Expert opinion is frequently biased, outdated, and often contrary to the evidence.[2] For example, in the recent guidelines on early human immunodeficiency virus infection, only 8% of the recommendations were supported by evidence.[3] Clinical medicine in practice is frequently controversial, and guidelines issued by a panel of experts may be contrary to what other experts on the same subject think. For instance, the guidelines on the use of prostate specific antigen as a screening test for prostate cancer, issued by six different expert groups, are contradictory.[4]

Clinical epidemiologists have pointed out that the best way to keep up to date is by critically reviewing original research articles.[5] Computerized databases like MEDLINE or PDQ provide instant access to this information. It is easy to compile and critically review pertinent literature when needed. Practice guidelines make it difficult for residents and students to learn critical appraisal of the literature. Like original research articles, guidelines should be read with a certain degree of skepticism.

We therefore discourage the use of practice guidelines by clinicians interested in critically appraising published research.

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The Authors Respond

TO THE EDITOR: Drs Rajkumar and Sampathkumar make a number of perceptive observations in extending our discussion of the potentially deleterious consequences of medical practice guidelines. Their chief criticism—that guidelines do not keep pace with current research—does not, in itself, negate the importance of guidelines. Guidelines have proliferated precisely because the scope and pace of clinical research have made it nearly impossible for practitioners to stay current in more than a few practice areas. Unfortunately, clinicians generally do not have the time or resources necessary to personally review the relevant scientific literature every time they encounter a problematic clinical circumstance. Moreover, recent empirical reports, which themselves often yield contradictory findings, are generally reviewed by only a handful of persons and must be integrated with what is already known in a field. Although "expert opinion" can, particularly in poorly researched areas or in areas of emergent importance such as the acquired immunodeficiency syndrome, lead to contradictory treatment prescriptions,[1] it is generally to be preferred over recommendations based on a smaller number of less well-established physicians. Most proponents acknowledge that guidelines should be updated regularly in response to relevant scientific developments, although the optimal frequency of guidelines review activities needs to be established for individual practice areas.

More than 1,500 formal guidelines have been published, and guidelines development has been described as a growth industry for the 1990s. Thus, it is unlikely that practitioners will be able to remain up to date with guidelines that are pertinent to their practices, let alone the published studies on which they are based. A well-recognized, though poorly addressed, problem currently confronting physicians is how to manage the exponential growth of scientific knowledge in a manner that best informs their practice. Guidelines are the principal modern solution to the explosive growth of medical research, but their effects and potential role in malpractice litigation have not been sufficiently examined. They are not panaceas and should be critically evaluated, as Drs Rajkumar and Sampathkumar rightly observe.

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